

HINTS FOR NURSING IN YELLOW FEVER

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As the germ in yellow fever is only transmitted from the infected person to those susceptible by the *Stegomyia Fasciata*, a domestic mosquito breeding in clear water, the first precaution in the arrangement of the sick room or ward is to have it carefully screened and free from mosquitoes. If one should in any way enter it must be destroyed without fail. For the first three days the patient is kept closely under mosquito netting and carefully watched that the accident of being bitten by a mosquito cannot happen.

An alkaline cathartic (as magnesium sulphate) is usually given on the first day of the fever and thereafter, to cleanse the bowels, a saline flush daily.

To stimulate free action of the skin a hot mustard foot-bath is often given, with hot orange-leaf tea to drink freely administered if the patient is not nauseated.

After the sweating, which is profuse, is over, the patient must be carefully dried and clothing and bedding changed.

Champagne with crushed ice is given to settle the stomach and for stimulation. Lithia water, Londonderry lithia, or Bethesda water are given freely. If the patient is nauseated they must be given in small quantities but frequently.

A sponge bath is given daily, followed by an alcohol rub. The mouth and teeth must be carefully and regularly cleansed with an antiseptic.

Mustard poultices are used to relieve local pain.

The temperature, pulse, and respiration are taken every two or three hours, according to the patient's condition. A slow pulse is characteristic of yellow fever. In some cases with a temperature of 103° to 104° there will be a pulse of 42.

The urine must be carefully measured, and tested daily for albumin. It is important to keep the bedside notes with great care and detail, recording all symptoms, with the amount and character of each urination and defecation. Great gentleness is necessary in changing bed linen and clothing as prostration is often great and the patient must make no exertion. In extreme prostration the use of the bedpan is sometimes prohibited and pads used instead. Linen and stools should be disinfected.

I will describe the features of a case I have nursed in one of our neighboring small towns: When the patient was first taken in charge he had had some temperature for about three days. He had had ten grains of calomel followed by a saline cathartic on the first day of the fever. After the three days spoken of his temperature fell to almost normal and remained so for about four days, rising on the latter part of the fourth day to 101.5° and continuing to rise during the night. He became very restless and complained of intense pain in the back of the neck and head, sleeping but little.

Early in the morning by order of the physician I gave a hot mustard foot-bath, and hot orange-leaf tea frequently, the skin responding most satisfactorily. As the physician thought there were malarial symptoms a hypodermic injection of quinine was given, and for twenty-four hours five grains of quinine were given at intervals of four hours, without, however, producing any effect. The patient's temperature was now 103.5° . The bowels were then thoroughly flushed with a normal saline solution, the fluid returned being highly colored, almost black. The flushing was continued until the fluid was returned clear. The temperature and pulse responded at once and the former fell gradually through the night. The patient slept well.

The intestinal flushing was repeated daily, in the same manner, the returned fluid becoming clearer each day. On the fifth the bowels were normal.

The nourishment given consisted of liquid peptonoids, champagne, egg-nog, and grape juice, alternating, every two or three hours, with plenty of water. This was the diet for six days.

The people in the little town thought that I endangered the patient's life by giving him a daily sponge bath followed by an alcohol rub. When the temperature rose to 103.5° , due to the absorption of the toxin, the general opinion was that he was being "washed to death."

In a previous yellow fever epidemic in this little town, it had been thought imprudent to either bathe or change the patient's clothing or bedding from the beginning of the attack of fever until the end, and this belief still remained with the people. Nevertheless a few of the patients who had undergone this treatment of the dark ages recovered. One of these told me how offensive his own clothing was to himself and how on getting up he had immediately taken off his long worn apparel, put it into the fire-place and burnt it. When he visited my patient and saw the cleanliness of the yellow fever patient of to-day, a smile shone on his countenance, as if agreeably surprised and pleased with the modern treatment.

MISS E. H. RICHARDS' INVENTION

WE are glad to note that one nurse has been wise enough to patent her invention. Miss E. H. Richards, a graduate of the Chicago Homœopathic Hospital, 1898, has invented an appliance for a surgical bed, cuts of which we take pleasure in publishing with the specifications from the United States Patent Office, which read as follows:

[United States Patent Office. Emily H. Richards, of Oak Park, Illinois. Appliance for Surgical Beds. No. 803,193. Specification of Letters Patent. Patented Oct. 31, 1905. Application filed January 27, 1905. Serial No. 24,929.]

To all whom it may concern:

Be it known that I, EMILY H. RICHARDS, a citizen of the United States, residing at Oak Park, in the county of Cook and State of Illinois, have invented certain new and useful Improvements in Appliances for Surgical Beds, of which the following is a specification.

This invention relates to appliances for surgical beds, and more particularly to a device adapted to be used in connection with the usual surgical stretcher or with an invalid-bedstead, and has among its salient objects to provide a device which is complete in itself and adapted to be used as an attachment which can be readily and quickly applied to a surgical stretcher or invalid-bedstead for the purpose of supporting the patient during treatment in such manner that no wrinkles or folds of the bedding will interfere with his comfort or with the convenience of the operators, to provide an attachment of such construction that every requirement for the comfort and relief of a patient that is to be had in the various invalid-beds is met, and in general to provide a device of the character referred to, which is simple, efficient and economical.

The invention will be readily understood from the following description, reference being had to the accompanying drawings, in which—

Figure 1 is a top plan view of the device as attached to a stretcher. Fig. 2 is a transverse sectional view with parts in position, and Fig. 3 is a top plan view of a divided pad for use with the device.

Referring to the drawings, 1 and 2 designate, respectively, the side bars of the ordinary stretcher provided at their ends with the usual cross-webs 3 3.

The device constituting the present invention comprises a main hammock-like sheet of canvas 4, the ends of which are extended to the cross-webs 3 3 and pinned thereto, as at 5. At each side said canvas sheet is provided with reinforcing-strips of canvas or other suitable material secured thereto and forming longitudinally-extending bar-receiving pockets 6 6, in which are placed the bars 7 7.

8 designates a series of attaching or suspension straps passed through the canvas sheet and reinforcing-strips around the bars 7 7 and buckled around the side bars 1 2 of the stretcher.

By using the inserted bars 7 7 the supporting strain is uniformly applied to the sides of the sheet and the latter is stretched taut with a perfectly smooth surface, thus avoiding any cross wrinkles or folds or ridges to interfere with

the comfort of the patient, as would be the case if the suspension-straps were secured directly to the fabric without the use of the longitudinally-extending bars 7 7.

10 designates an underlying strap-like web portion which is secured to the side of the sheet, as at 11, Fig. 2, and adapted to be passed underneath and transversely across the sheet in such manner as to cover a central opening 12 therein, said web portion being provided with a series of suspension-straps 13, provided with rings 14, which when passed around under the side bar 2 are attached to the snap-hooks 15, arranged at the opposite side of the sheet.

16 designates a quilted pad adapted to be applied to the sheet or hammock member 4, as indicated in dotted lines in Fig. 1, said pad being provided with a central opening 17, adapted to register with the opening 12 in the sheet 4 and also divided from said opening 17 down to one end, as indicated at 18, Fig. 3, so that it may be readily adjusted to position and removed. Said pad is pinned in place, as indicated, by the pins 19.

While I have herein shown and described what I deem the preferred embodiment of the invention, it is obvious that alterations and modifications can be made in the details of construction and arrangement without departing from the spirit of the invention, and I do not, therefore, limit the invention to the details here shown, except in so far as such details are made the subject-matter of specific claims.

I claim—

1. An appliance for use in surgical operations, comprising a supporting member of sheet material provided at its sides with a pair of longitudinally-extending bars, suspension-straps connected with said bars for securing said supporting member of the side bars of a stretcher or bedstead, means for securing the ends of said sheet member to a part of said stretcher or bedstead, said sheet member being provided with a central opening, and an underlying strap-like web portion secured at one end to said sheet member and adapted to be extended across the same transversely to underlie said central opening and attached at the opposite side of said sheet member.

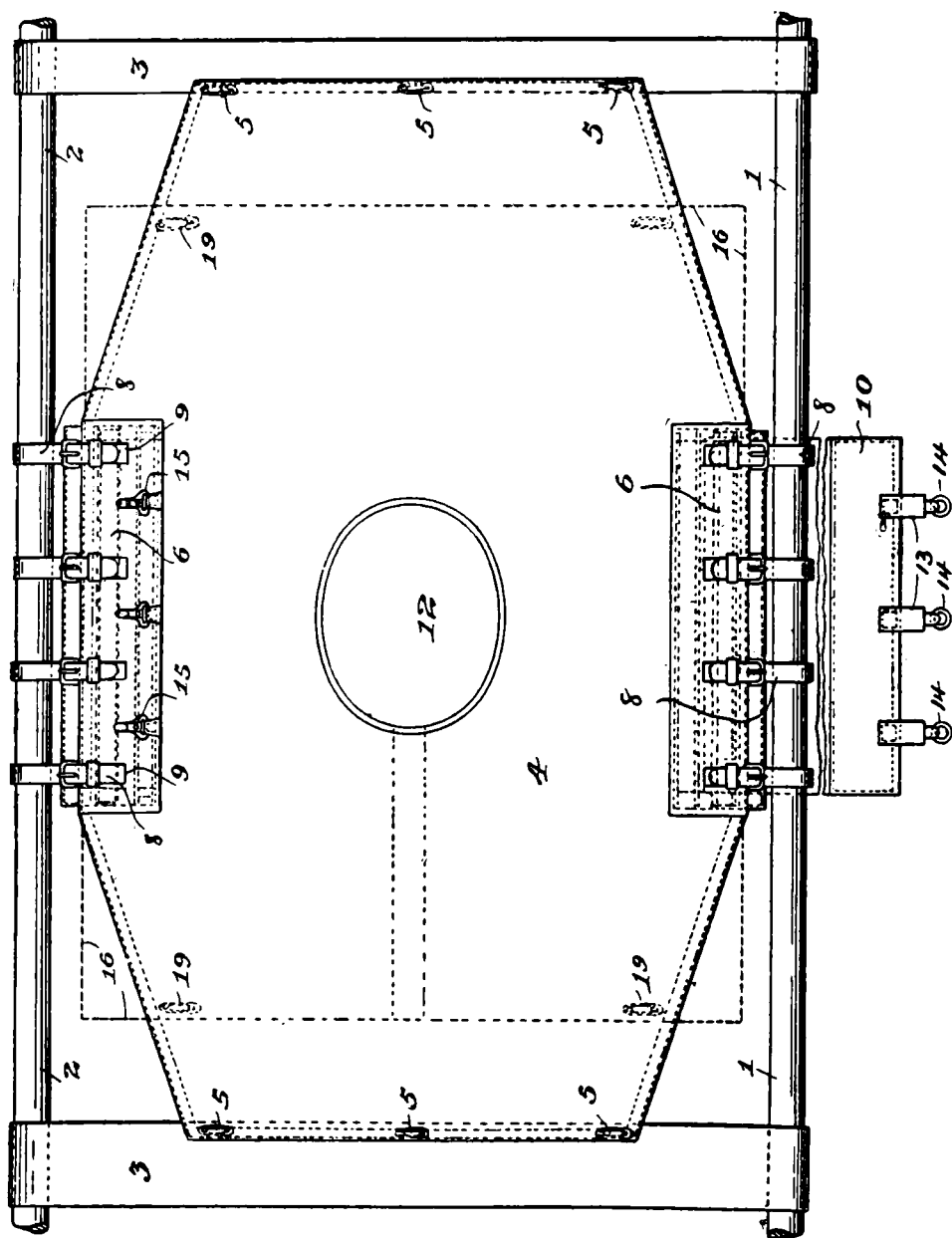
2. An appliance for use in surgical operations, comprising a supporting member of canvas provided at its sides with longitudinally extended pockets, a pair of bar members inserted in said pockets, suspension-straps attached to said supporting member and said bar members for securing said members to the side bars of a stretcher or bedstead, said supporting member being provided with a central opening and having its ends extended and secured to parts of said stretcher or bedstead, an underlying, transversely-extending, web member attached at one end to said supporting member and provided with means for detachably securing it to the other side of said supporting member, substantially as described.

3. An appliance for use with a stretcher or bedstead in hospital work, comprising a supporting-sheet provided at its sides with longitudinally-extending bars, a plurality of suspension-straps secured to said bars for attaching said sheet to the side bars of a stretcher or the like, the ends of said sheet being extended to and detachably secured to parts of said stretcher, said sheet being provided with a central opening, an underlying, transversely-extending web member detachably secured to said supporting-sheet in alinement with said opening, and a divided pad detachably secured to said supporting-sheet, substantially as described.

Fig. 1

PATENTED OCT. 31, 1905.

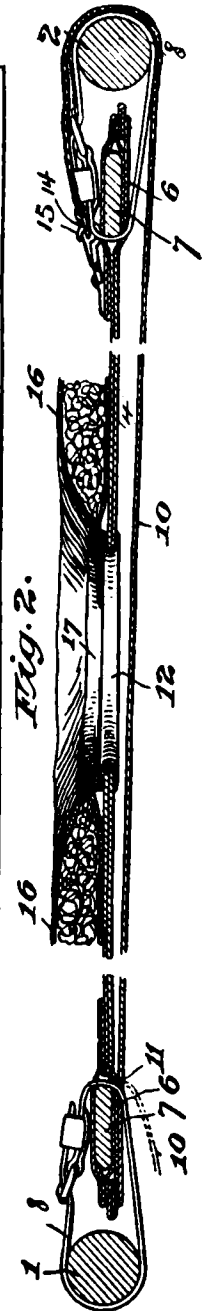
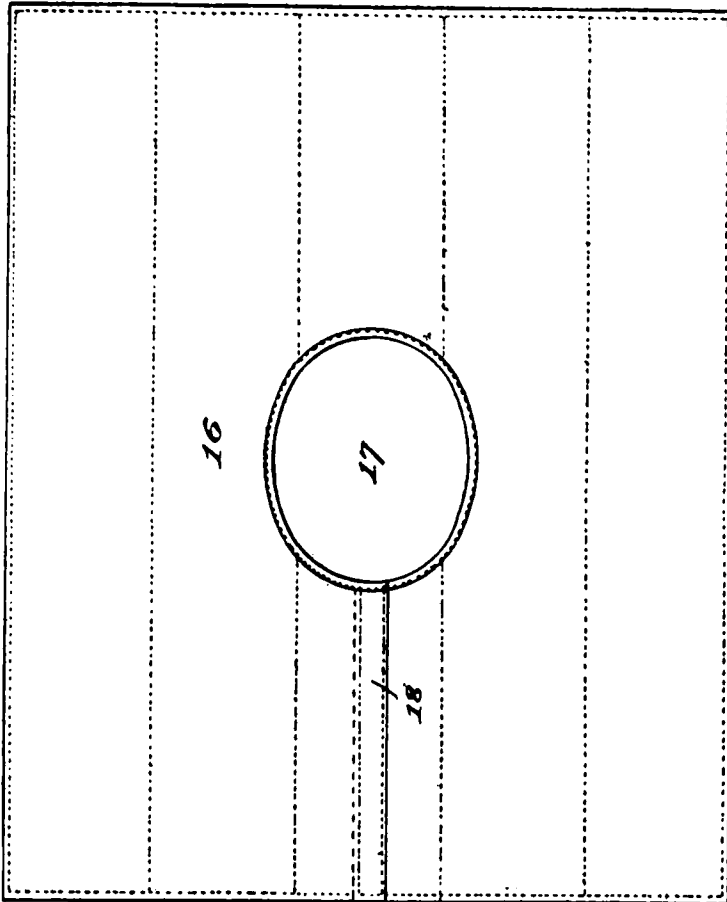
E. H. RICHARDS.
APPLIANCE FOR SURGICAL BEDS.



Figs. 2 and 3.

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APPLIANCE FOR SURGICAL BEDS.

Fig. 3.



4. An appliance for attachment to a stretcher or bedstead in hospital work, comprising a canvas-sheet member provided intermediate its length at each side with a longitudinally-extending pocket of a length sufficient to extend opposite the chief weight-supporting part of said sheet, a pair of bars of corresponding length inserted in said pockets, a plurality of suspension-straps, each provided with a length-adjusting buckle, distributed at regular intervals apart throughout the lengths of the respective bars and each passed through said sheet member inside of and adjacent to the respective bars and arranged to embrace the corresponding bars of the stretcher, and means for detachably securing the end portions of said sheets to parts of said stretcher in such manner as to hold the canvas sheet longitudinally taut.

5. An appliance for attachment to a stretcher or bedstead in hospital work, comprising a sheet of canvas material provided at its sides in the middle portion thereof with reinforcing-strips of canvas forming longitudinally-extending pockets, a pair of bars inserted in said pockets, suspension-straps passed through said sheet and around said bars and the side bars of the stretcher or bedstead for supporting and tightening said sheet, said sheet being provided with a central opening, means for securing the ends of said sheet to parts of said stretcher, and an underlying, transversely-extending web portion secured at one end to said reinforcing-strips and passed across said central opening in said sheet and around the side bars of said stretcher, and holding-hooks for detachably holding the end thereof substantially as and for the purpose described.

EMILY H. RICHARDS.

Witnesses:

FREDERICK C. GOODWIN,
ALBERT H. GRAVES.

THE USE OF RYE BREAD IN DIABETES.—The *Medical Record*, quoting from the *International Medical Journal of Australasia*, says: "M. C. Lidwill has for some time been prescribing black rye bread (pumpernickel) in the case of diabetic patients. It is used as a substitute for wheat bread. The results of its use are entire disappearance or diminution of the sugar from the urine, gain in weight, and contentment on the part of the patient. The writer was led to the use of rye bread by the craving and empty feeling of which patients complain who are on the so-called diabetic diets. He sums up the advantages of rye bread as follows: It is satisfying; it stops the empty feeling; patients eat but little of it in proportion to wheat bread, about one and a half loaves sufficient for each week. This bread contains but little digestible starch; it is a laxative, combating constipation. The sugar in the urine during its use decreases to a considerable extent. Patients do not tire of it. It is a cheap food. The writer adds that rye bread is employed with the greatest benefit in the milder forms of glycosuria met with in the middle-aged or old."